



APPLICATION FORM COMMERCIAL USE AUTHORIZATION

OMB Control No. 1024-0268
Exp. Date: 08/31/2016

DEPARTMENT OF THE INTERIOR
National Park Service
Alaska Region
Attention: Concession Operations
240 West 5th Avenue #114
Anchorage, AK 99501
Phone (907) 644-3362 Fax (907) 644-3813

IMPORTANT: Before completing this application, please refer to the Application Instructions to verify that the service you are proposing is an approved commercial service. If the service you wish to provide is **not** listed on the table of approved commercial visitor services, contact us at the number above. Please submit your application fee of \$(See Fee Schedule located in the Instructions) with this application.

Some parks have minimum requirements for businesses that offer services to visitors relating to the safety and welfare of the visitors and protection of the resources. These requirements may include documentation of first aid training, an emergency response plan, limits to group size, etc.

- (1) **Service for which you are applying**
(See list of approved services in the attached instructions)

- (2) **Will you be providing this service in more than one park?** Yes ☐ No ☐ If yes, list all.

- (3) **Applicant** (Legal Business Name and DBA)

- (4) **Authorized Agents** (Owner and any onsite person authorized to manage the operation)

- (5) **Mailing Address:**

PRIMARY CONTACT INFO (Dates at this address _____)

Address: _____

City, State, Zip: _____

Email: _____

Website: _____

Day Phone: _____ Evening Phone: _____

Fax: _____

ALTERNATE CONTACT INFO (Dates at this address _____)

If same as "Primary Contact Info", check here ☐ and go to number (6).

Address: _____

City, State, Zip: _____

Day Phone: _____ Evening Phone: _____

Fax: _____

(6) What is your Business Type (Please check one below):

☐ Sole Proprietor

☐ Partnership (Print the names of each partner. If there are more than two partners, please attach a complete list of their names.)

(Name _____)

(Name _____)

☐ Corporation: (State: _____ Entity Number _____)

☐ Limited Liability Corporation: (State: _____ Entity Number _____)

☐ Non-Profit (Please attach a copy of your IRS Ruling or Determination Letter)

☐ Other (Specify)

(7) State Business License Number: _____ **Expiration Date:** _____

(8) Employer Identification Number (EIN) _____

(9) Insurance and Vehicles

Provide proof of insurance. The CUA operator must maintain General Liability insurance naming the United States of America, National Park Service as an **additional insured**. Minimum coverage amount is \$300,000 per occurrence. Some activities will require increased coverage, see Park-Specific instructions. Auto Liability insurance is also required at a minimum coverage amounts described below.

Number of Passengers	Minimum per Occurrence Liability Limits
Single Purpose Activities (includes day and overnight hiking, photography and art classes, bicycling, and group camping.)	\$300,000
Up to 5 passengers	\$300,000
6 to 12 passengers	\$500,000
13 to 20 passengers	\$750,000
Over 21 passengers	\$1,500,000

Will your business operate vehicles (car, truck, van, bus, taxicab, boats, aircraft etc.) within NPS boundaries____? Yes ☐ No ☐

If "yes," please give a description of each vehicle. Use additional paper if necessary. All vehicles are required to be registered and the operators are required to have the licenses to operate them commercially as required by law or regulation.

MAKE OF VEHICLE	MODEL	YEAR	MAX # PASSENGERS	OWN	LEASE

MAKE OF AIRCRAFT	MODEL	TAIL NUMBER	MAX # PASSENGERS	OWN	LEASE

MAKE OF WATERCRAFT	MODEL	LENGTH	MAX # PASSENGERS	OWN	LEASE

(10) NPS Employment

Are you, your spouse, or minor children employed with the National Park Service?

☐ Yes ☐ No ☐ If Yes, please complete below:

Employee: _____

Title _____

Park and Office where employed: _____

(11) To your knowledge, have you, your company, or any current or proposed employees been convicted or fined for violations of State, Federal, or local law within the last 5 years? Are you, your company, or any current or proposed employees now under investigation for any violations of State, Federal, or local law or regulation? See instructions

Yes ☐ No ☐ If "yes", please provide the following information. Attach additional pages if necessary.

Date of violation or incident under investigation: _____

Name of business or person(s) charged: _____

Please identify the law or regulation violated or under investigation:

Please identify the State, municipality, or Federal agency that initiated the charges:

Additional Detail (optional) _____

(Results) Action Taken by Court _____

(12) **FEE:** Please include the Application/Administrative fee as outlined in the Park-Specific instructions.

(13) **Signature:** False, fictitious or fraudulent statements of representations made in this application may be grounds for denial or revocation of the Commercial Use Authorization and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). All information provided will be considered in reviewing this application. Authorized Agents must attach proof of authorization to sign below.

By my signature, I hereby attest that all my statements and answers on this form and any attachments are true, complete, and accurate to the best of my knowledge.

Signature

Date

Printed Name

Title

PAPERWORK REDUCTION ACT STATEMENT: In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), please note the following. This information collection is authorized by The Concession Management Improvement Act of 1998 (16 USC 5966). Your response is required to obtain or retain a benefit in the form of a Commercial Use Authorization. We will use the information you submit to evaluate your ability to offer the services requested and to notify the public what services you will offer. We estimate that it will take approximately 2.5 hours to prepare an application, including time to review instructions, gather and maintain data, and complete and review the proposal. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget control number. You may submit comments on any aspect of this information collection, including the accuracy of the estimated burden hours and suggestions to reduce this burden. Send your comments to: Information Collection Clearance Officer, National Park Service, 1849 C Street NW, Mail Stop 2601, Washington, D.C. 20240.



Office Use:

Received: _____

CUA/SUP# _____

Amt Rec'd: _____

Pay.Gov# _____

Check # _____

[illegible]

- (3) **Big Game Transporter?** Yes ☐ No ☐ N/A ☐
 License Number _____ Expiration _____
(Licensed Big Game Transporters must attach or send in a copy of license)

- (4) **Air Taxi Operators:** Please indicate type;
 ___ Part 135 ___ Part 91 ___ Foreign Air Carriers *(Attach Copy of FAA Letter of Authorization)*
 Please attach or send in a copy of your FAA operating certificate or Letter of Authorization (foreign air carriers.)

- (5) **WATERCRAFT**
 Please provide this additional information on watercraft you will use.

Check the State's website for boat registration info: <http://doa.alaska.gov/dmv/reg/boat.htm>

Type of Watercraft (e.g. Skiff, Kayak, Canoe, Raft)	DMV Registration # OR US Coast Guard Doc #	Registration Expiration Date	Number of Passengers	Color(s)	Name of Watercraft (if applicable)	Motorized? (yes/no)

- (6) **Please give the Name of the Park Unit to be used and the Services provided.**
** When specifying locations, do not give the park's name as a response, provide specific locations.*

Name of Park Unit:		<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Services List services you (the Applicant) will provide	* Locations to be Used Specify locations within this park where services will be provided	
1.	1.	
2.	2.	
3.	3.	
4.	4.	
5.	5.	
6.	6.	
(1) What is the number of Guides/Leaders per trip for this park unit?		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(2) What is the number of clients/participants per trip for this park unit?		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(4) What is the estimated date you want to begin operating in this park unit?		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

* When specifying locations, do not give the park's name as a response, provide specific locations.

Name of Park Unit:		<div></div>
Services List services you (the Applicant) will provide	Locations to be Used Specify locations within this park where services will be provided	
1.	1.	
2.	2.	
3.	3.	
4.	4.	
5.	5.	
6.	6.	
(1) What is the number of Guides/Leaders per trip for this park unit?		<div></div>
(2) What is the number of clients/participants per trip for this park unit?		<div></div>
(4) What is the estimated date you want to begin operating in this park unit?		<div></div>

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4.	4.	
5.	5.	
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(2) What is the number of clients/participants per trip for this park unit?		<div></div>
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4.	4.	
5.	5.	
6.	6.	
(1) What is the number of Guides/Leaders per trip for this park unit?		<div></div>
(2) What is the number of clients/participants per trip for this park unit?		<div></div>
(4) What is the estimated date you want to begin operating in this park unit?		<div></div>

Please submit the **CUA Application Form 10-550 and all Supplemental Information** to:

Email: akro_cua_admin@nps.gov (OR)

Mail application to: National Park Service
Concessions
240 West 5th Avenue #114
Anchorage, AK 99501

**Pay online using a check, debit or credit card at www.pay.gov or
by check payable to National Park**

For Office Use Only
Previous year's Activity Reports received? Yes__ No__
Previous year's Form 10-660 received? Yes __ No__

Notice to Mountaineering Guides - Denali National Park & Preserve

The following information is required for those applying for Mountaineering Guide Service at Denali National Park & Preserve. If you are not applying for a Mountaineering Guide CUA at Denali, please disregard this section and proceed to Exhibit A & B.

This program allows a number of Commercial Use Authorizations (CUA) to be issued to qualified guide to guide mountaineering related activities in the parts of the Alaska Range administered by Denali National Park.

A. Applicants must complete the general CUA application Form 10-550.

B. Applicants must submit the following materials along with their application to be considered for a Guided Mountaineering CUA.

Training and Certification Requirements

1. Guide Training and Certification Requirements

The company applying for a CUA **must submit** written documentation that verifies the following, including where applicable, **copies of certificates, training certificates and/or records:**

All guides will meet or exceed the following requirements for experience, training and certification:

- a) Successful completion of a formal guide's training program either through the company applying for the CUA, or through the AMGA/IFMGA. Equivalent of the AMGA's Alpine Guides course curriculum is preferred.
- b) Successful completion of an avalanche training course that meets or exceeds the American Avalanche Association's Level 2 program.
- c) Possess a valid record of training (card) for a Wilderness First Responder program.
- d) Possess a valid Cardiopulmonary Resuscitation (CPR) card.
- e) Previous climbing and guiding experience that includes glacier travel and a level of technical climbing experience appropriate to the objective of their course or climb.
- f) For programs involving ski mountaineering or ski touring objectives, previous guide must possess experience with ski guiding techniques in glaciated terrain. (Be sure to include documentation with application)
- g) Successful completion of a Leave No Trace (LNT) program, or equivalent, that meets or exceeds LNT's Trainer program.

2. Operating Plan – Denali Mountaineering Guides

Company Background, Procedures and Policies

The company applying for a CUA **must submit** documentation that responds to the following topics:

1. Organizational Chart

2. Company Risk Management Plan

3. Acknowledgement of Risk Form

4. Field Staff

- a. List any guides that will be operating under your CUA.
- b. Describe your guide training and ongoing staff development programs and/or guide training and experience requirements.
- c. Describe your employee performance evaluation process.

5. History of Operations

- a. Describe your company's history of operations in the Alaska Range and in other areas with similar terrain and conditions.
State in detail your company's overall background and experience relevant to the operation of guided mountaineering services.
- b. Summarize your other areas of operation and list other land use permits.
- c. List any permits that have been revoked and administrative actions (including citations) you have received or been involved with while as a result of your operations under these other permits.
- d. List the names of any other businesses in which the principals of the company or individual applying on behalf of the company have been involved.
- e. Explain any accidents or injuries requiring significant treatment or evacuation of clients or staff that your company or principle staff have been involved with in the last 5 years.
- f. Explain the circumstances of any instances when your company's insurance for guided mountaineering has been cancelled or revoked.
- g. Has your company or its principals been the subject of, or involved in any lawsuits and/or have they been found liable (in court or mediation) for incidents related to your business operations. If so please explain.

6. Describe trips and programs you plan to operate under this CUA

7. Ability to accommodate diverse clients such as those with disabilities, dietary restrictions, and unique cultural customs as well as clients from different countries.

8. Reservation, Cancellation, and Refund Policies

Denali Annual Reports and Documentation

As a reminder and in addition to standard CUA requirements, the CUA holder will submit the following reports and documentation:

- a) Schedule of climbs and proposed rate schedule. Due prior to advertisement.
- b) Employee Roster. Due 30 days prior to operations

Exhibit A

Insurance Minimum Requirements

Insurance is required to protect the public and the United States from injury, loss, or damages for which authorization holder may be liable. A Certificate of Insurance must be provided to National Park Service (NPS) along with the application for the authorization. The NPS may increase these minimum coverage amounts based on a case-specific risk assessment.

Additional Insured: The United States of America must be named as an additional insured and so noted on the Certificate of Insurance. Insurance should be on a “Per Occurrence” basis, not “Per Person”

MINIMUM COVERAGE AMOUNTS FOR LIABILITY INSURANCE				
Type of Activity	Minimum Coverage Amount (in thousands of dollars)			
	Number of Participants	Per Occurrence Amount	General Aggregate Amount	Type of Insurance
Camping (Group) , Backpacking, Bear Viewing, Hiking, Horse Rides/Horse Packing, Photography, Sledding Sportfishing (no boat), Snowshoeing, Wagon Rides	n/a	\$500,000	\$1,000,000	Comprehensive General Liability
Boating (non-powered) (Under 26 feet and smaller) Kayaking	n/a	\$500,000	\$1,000,000	Comprehensive General Liability (OR) Protection & Indemnity (“watercraft liability inclusion” must be noted)
Mountaineering	n/a	\$1,000,000	\$2,000,000	Comprehensive General Liability
Charter Boat/Ferry Service (26 feet and larger-motorized) Rafting (Whitewater)		\$1,000,000	\$2,000,000	Protection & Indemnity
Vehicle Tours/Shuttle (owned, non-owned and hired vehicles)	\$500,000 per occurrence			Commercial Auto Liability
Aircraft Operators	\$150,000 per passenger seat			
Employee Coverage (Workers Comp)	Alaska requires that anyone who employs one or more persons whether full or part time carry workers compensation insurance.			

Minimum Insurance Company Standards

NPS has established the following minimum insurance company policyholder and financial requirements:

- (a) Insurance companies must be rated at least A- by the most recent edition of Best's Key Insurance Reports (Property-Casualty edition).
- (b) Insurance companies must have an A.M. Best's Financial Size Category of at least VII according to the most recent edition of Best's Insurance Reports (Property-Casualty edition).
- (c) The insurance company must be admitted (licensed) or approved to do business in the state in which the concessioner is domiciled.

The required Certificates of Insurance must include the A.M. Best Identification Number ("AMB#") of each insurance company as well as a certification from the insurance agent stating that the insurer is licensed insurer in the state of concessioner operations and satisfies the minimum financial and policyholder requirements.

It is consistent with National Park Service policy for the concessioner to warn visitors of the dangers inherent in high-risk activities and for visitors to assume responsibility for their own negligence. For activities that require prerequisite skills or experience, it is appropriate to require that visitors declare in writing that they possess those prerequisites. It is not consistent with National Park Service policy to require visitors to waive their right to hold concessioners or the Government responsible for bona fide negligence resulting in bodily injury, death or loss of personal property.

Insurance Certificate requirements:

1. Liability Insurance should be on a "Per Occurrence" basis, not "Per Person"
2. Name of Insured must match the name under which the application is made (or vice versa).
3. The insurance cert must show coverage for all services being provided under the CUA.
4. Smaller watercraft (rafts, tubes) used under the CUA should be noted on the insurance certificate as covered for such use (e.g. Watercraft liability included).
5. **ADDITIONAL INSURED:** The US Government must be named as additional insured and so noted on the insurance certificate. The address to use for the certificate holder should read:
US Government
National Park Service
240 West 5th Avenue
Anchorage, AK 99501

Exhibit B

Visitor Acknowledgement of Risks Form

Liability waivers, insurance disclaimers and/or indemnification (hold-harmless) agreements cannot be used under the CUA, however if you wish to have the inherent risks acknowledged by your clients, please use the template below and send a copy along with your application.

In consideration of the services of _____ their officers, agents, employees, and stockholders, and all other persons or entities associated with those businesses (hereafter collectively referred to as "_____")
I agree as follows:

Although _____ has taken reasonable steps to provide me with appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, _____ has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. _____ does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks.

[\[enter description of risks\]](#)

I am aware that _____ entails risks of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different from other activities and that I have responsibilities as a participant. I acknowledge that the staff of _____ has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death, or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity. I have carefully read, clearly understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns, personal representative, and estate and for all members of my family, including minor children.

Signature

Date

Signature of Parent or Guardian, if participant is under 18 years of age

Signature

Date

FEE SCHEDULE – Exhibit C

Application/Admin Fees plus the applicable Management Fees (flat fee amount) should be submitted together when you make application.

1. **(Application/Administrative Fee)** Submit with your Application
The Fee is determined by the term of the CUA (1 or 2 years).

Number of Parks	Application & Administrative Fee Two-Year CUA	Application & Administrative Fee One-Year CUA
1	\$300	\$200
2	\$400	\$250
3	\$500	\$300
4	\$600	\$350
5	\$700	\$400
6	\$800	\$450

2. **Management Fees (Submit with your Application)**

Management Fees shown below as a flat fee amount should be submitted along with your application and are based on whether you have a one or two-year CUA.

Example: If you are applying for a one year CUA with Glacier Bay and Wrangell-St. Elias, you would pay the **Application/Admin fee PLUS an additional \$200** (\$100 for Glacier Bay & \$100 for Wrangell).
Using the same example, for a two year CUA with Glacier Bay and Wrangell-St. Elias you would pay the **Application/Admin fee PLUS an additional \$400** (\$200 for Glacier Bay & \$200 for Wrangell).

Park Name	Management Fee 2 (Two-Year CUA)	Management Fee 1 (One-Year CUA)
Denali National Park & Preserve	\$200	\$100
Glacier Bay National Park & Preserve	\$200	\$100
Kenai Fjords National Park	\$200	\$100
Western Arctic National Parklands*	\$200	\$100
Wrangell-St. Elias National Park & Preserve	\$200	\$100

**Note Western Arctic includes Bering Land Bridge, Cape Krusenstern, Noatak, & Kobuk Valley
There is one flat management fee – regardless if you use one or all of Western Arctic.*

Payment Methods:

All fees can be paid online at: www.pay.gov using a check, credit or debit card.
Once on the pay.gov site, under “I want to pay”, look for National Park Service, then look for the “Commercial Use Authorization Payment Form” on the alphabetized list of forms.

Payment can also be made through the mail in the form of a check made payable to: National Park Service. Remember to note your EIN number on your check.

Management Fees *(based on number of clients)*

These fees are based on the number of clients and will be collected as specified;

Park Unit	Fee Amount	Due Date	Notes
Alagnak Wild River	\$6.00 per person, per day (excludes Guides)	November 15th of each year along with Activity Report & Form 10-660	
Aniakchak National Monument & Preserve	\$6.00 per person per day (excludes Guides)	November 15th of each year along with Activity Report & Form 10-660	
Brooks Camp (Developed Area)	\$14.00 per person per day (excludes Guides)	November 15th of each year along with Activity Report & Form 10-660	If the same client visits both Brooks Camp Developed Area and any other locations in Katmai National Parks & Preserve on the same day with the same Holder, only the Brooks Camp Developed Area fee will be collected.
Katmai National Park & Preserve	\$6.00 per person, per day (excludes Guides)	November 15th of each year along with Activity Report & Form 10-660	If the same client visits both Brooks Camp Developed Area and any other locations in Katmai National Parks & Preserve on the same day with the same Holder, only the Brooks Camp Developed Area fee will be collected.
Lake Clark National Park & Preserve	\$6.00 per person, per day (excludes Guides)	November 15th of each year along with Activity Report & Form 10-660	
Glacier Bay National Park & Preserve	<u>ALSEK RIVER RAFTING – ONLY</u> Greater of \$500 or a per person amount adjusted annually based on the US Bureau of Labor Statistics "Consumer Price Index - All Urban Consumers." See http://data.bls.gov/cgi-bin/surveymost?cu [U.S. All items, 1982-84=100]	November 15 th of each year along with Activity Report & Form 10-660 A Bill of Collection will be sent out prior to the November 15 due date with the per passenger fee based on the current CPI.	
Klondike Gold Rush National Historical Park	*General: \$2.00 per person, per day *Horse Tours: \$3.00 per person, per day *Transportation Only (Shuttle-Taxi): No Fee *Skagway Walking Tours: No Fee	November 15th of each year along with Activity Report & Form 10-660	Defined as \$2.00 (\$3.00 for Horse Tours) times sum of the total number of guided clients in the park each day or portion thereof)